

## AMENDMENTS TO THE CLAIMS

### 1.-23. (Cancelled)

24. (Currently Amended) A method of treating bulimia associated with the abnormal expression or function of the OB gene or for eliciting a biological response mediated by an OB receptor comprising, administering to a patient having bulimia a therapeutically effective amount of [[the]] a chimeric polypeptide, wherein said chimeric polypeptide comprises the amino acid sequence of a native OB protein, with or without the initiating N-terminal methionine and with or without the native signal sequence, fused to an immunoglobulin heavy chain constant domain sequence.

### 25.-28 (Cancelled).

29. (Currently amended) The method of Claim 24, wherein the administration of the chimeric polypeptide results in biological response mediated by an OB receptor is a decrease in food intake.

30. (Currently amended) The method of Claim 24, wherein the administration of the chimeric polypeptide results in biological response mediated by an OB receptor is an increase in energy use.

31. (New) The method of Claim 24, wherein the therapeutically effective amount is between 1 micrograms/kg to 100 mg/kg per day.

32. (New) The method of Claim 24, wherein the chimeric polypeptide further comprises two OB polypeptide IgG heavy chain fusions linked to each other by at least one disulfide bond to yield a homodimeric immunoglobulin-like structure.

33. (New) The method of Claim 24, wherein the chimeric polypeptide further comprises at least one of said OB polypeptide-IgG heavy chain fusions associated with an immunoglobulin light chain.

34. (New) The method of Claim 24, wherein the chimeric polypeptide further comprises the hinge, CH2, and CH3 domains of IgG-1.

35. (New) The method of Claim 24, wherein the chimeric polypeptide comprises at least the sequence of amino acids 1-167 of the full length OB protein (amino acids 1-167 of SEQ ID NO: 2).

36. (New) The method of Claim 24, wherein the chimeric polypeptide comprises at least SEQ ID NO: 2.

## **INTERVIEW SUMMARY**

Applicants thank Examiners Howard and Bunner for the helpful telephonic interview conducted on October 5, 2005 with Applicant's representative, Eli Loots. In the interview, the rejection of the claims under 35 U.S.C. §112 was discussed. It was noted that the rejection was a scope of enablement rejection which primarily focused on the breadth of the phrase "treating a condition associated with..." Additionally, it was suggested that the existence of references which suggest or support a link between bulimia would be relevant for rebutting the assertions in the rejection. Additionally, references, which suggest that resistance to a compound does not mean immunity to the compound, would also be relevant in the consideration of the rejection. Finally, it was suggested that an amendment to Claim 24 to further clarify "abnormal expression or function" could help resolve the above issues.